

IL-7446F
Mailed 6/11/90
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joe W. Gray et al

Serial No.: Group Art Unit:

Filed : Examiner:
For : Chromosome-Specific Staining to Detect
Genetic Rearrangements

Receipt is hereby acknowledged of the following:
Patent Application, Declaration and 12 sheets of
drawings and Fee sheet.
Express Mail Certificate, Express Mail No:RB160339960

Mailed 6/11/90

07 537305

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joe W. Gray et al.

Serial No: 0 /

Group No.:

Filed:

Examiner:

For: Chromosome-Specific Staining
to Detect Genetic Rearrangements

Commissioner of Patents and Trademarks

Washington, D.C. 20231

EXPRESS MAIL CERTIFICATE

"Express Mail" label number RB16033960

Date of Deposit June 11, 1990

I hereby certify that the following attached paper or fee

Patent Application, Declaration and 12 sheets of drawings,
and Fee Sheet.

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Michelle A. Blomquist

(Typed or printed name of person mailing paper or fee)

Michelle A. Blomquist

(Signature of person mailing paper or fee)

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(Express Mail Certificate [8-3])

U. S. DEPARTMENT OF ENERGY
FEE AUTHORIZATION FOR FILING PATENT APPLICATIONS

DOE Case S- 71,867
(Field No. RL-11,090)

IL-7446F

Express Mail:RB160339960

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): JOE W. GRAY/DANIEL PINKEL/DOUG TKACHUK

Title : CHROMOSOME-SPECIFIC STAINING TO DETECT GENETIC REARRANGEMENTS

Commissioner of Patents and Trademarks
Washington, D. C. 20231

Sir:

Transmitted herewith is a patent application for the above-identified case along with the other items as checked below:

<input checked="" type="checkbox"/> 12 Twelve	<u>10XXXXXX</u>	Sheets of <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal Drawings.
<input type="checkbox"/>	Information Disclosure Statement Under 37 C.F.R. §§ 1.56 and 1.97.	
<input type="checkbox"/>	Preliminary Amendment. Please enter any changes before calculating filing fee.	
<input checked="" type="checkbox"/>	The filing fee is calculated below.	

CLAIMS AS FILED					
Type Of Claim	Number Filed	Included In Basic Fee	Number Extra	Rate	Total Fee
Total Claims	<u>126</u>	- 20 =	<u>121</u>	X \$12 =	<u>1,452.00</u>
Independent Claims	<u>7</u>	- 3 =	<u>4</u>	X \$34 =	<u>144.00</u>
Multiple Claims	=	\$			
Basic Filing Fee	=	\$	370.00		
			340.00		
					1756.00
TOTAL FILING FEE	=	\$	1,966.00		

Authorized Signature
(For Deposit Account 01-2752)